I hereby give the CEA-Wisconsin permission to publish the following work(s) in print, if selected for the contest publication, and to post them on the www.ceawisconsin.org website. These works are my original, unpublished writings and/or artwork. I understand that the selections may be minimally edited. I further understand that after publication and posting on the website, all rights will return to me; however, original works will not be returned. The titles of the works submitted (maximum two) are listed below:

A. Title(s): May submit only one (1) in each category.

Writing: ____________________________________________  Art: ____________________________________________

B. CEA–Wisconsin will send each person whose work was selected two copies of the book. Please print clearly your full name and mailing address as of May 2020. Illegible submission forms may result in disqualified entries.

(Full Name) ____________________________________________  (Inmate Number) __________________________

(Mailing address – Street Address) ____________________________________________  (Institution where currently residing) ____________________________________________

☐ Check here if this is a juvenile facility.

(Mailing address -- City, State, Zip) ____________________________________________

C. On the line below, please print the way you would like your name to appear in the book if selected. You may only use your institution name, first name with last initial, initials only, or anonymous. No aliases.

(PRINT your name, initials, or anonymous) ____________________________________________

D. Sign and date. By signing I verify that these works are my original, unpublished writings and/or artwork.

By checking this box, I OPT OUT of having my work published online: ☐

(Signature) ____________________________________________  (Date) __________________________

E. Education Department Contact Person. (For correctional facilities and county jails, the contact person will be responsible for distributing booklets to winning authors.)

Please circle one: Jr/Sr High School (Juveniles)  ABE  Intermediate  HSED  Post High School

(Signature) ____________________________________________  (Facility) __________________________

(Print Name) ____________________________________________  (Contact Info -- Phone or Email) ____________________________________________

NOTE: This form must accompany all submissions. Incomplete or incorrect submissions forms may disqualify the entry. Submissions must be sent to Nancy Alderton, OSCI, by December 1, 2019.